



TEACHER RECOMMENDATION FORM

To be completed by applicant:

Child's Name _____

Date of Birth _____ Current grade _____

Parental Consent is granted to complete this form and send to Fulton Science Academy Private School as soon as possible as indicated by the signature below.

Parent Signature

Date

Please do one of the following:

1) Deliver this form to your current teacher and request that it be completed and sealed in an envelope with their signature placed over the back flap for security. Pick up the envelope containing the completed form and deliver it to Fulton Science Academy Private School with the student application materials.

2) Deliver this form to your current teacher along with an addressed, stamped envelope and request that the form be completed and mailed to:

Fulton Science Academy Private School Admissions

3035 Fanfare Way
Alpharetta, Ga. 30009
Phone: 678-366-2555
Fax: 678-366-2333

To be completed by a core subject teacher (Math, Science, ELA, or Social Studies):

Thank you for your assessment of this child. We appreciate your accurate and fair evaluation. It will be kept in confidence.

1. How long have you known this student? _____

2. Has the student had any serious behavior or academic problems? ____ Yes ____ No
If yes, please explain. _____

3. What are the student's academic strengths? _____

4. What are the student's academic weaknesses? _____

5. Has this student had any need for special instruction? _____

6. Is the applicant eligible for re-admission to your school? ____ Yes ____ No

If no, please explain. _____

Please check the most appropriate assessment

O = Outstanding E= Excellent Avg. = Average Below Avg. = Below Average

	O	E	Avg.	Below Avg.	Below Average: Please comment
Attitude toward school					
Concern / respect for others					
Effort					
Emotional maturity					
Fine motor skills					
Follows directions					
Gross motor skills					
Leadership					
Listening					
Motivation					
Personal appearance					
Play behavior					
Potential for learning					
Reaction to setbacks					
Respect for authority					
Responsibility					
Self-confidence					
Self-control					
Self-help / Independence					
Works well in groups					
Parental involvement / support (please comment)					

I recommend this applicant for admission _____ strongly _____ moderately _____ with reservation.

I do not recommend this applicant for admission _____ strongly _____ moderately.

Any additional comments? _____

May we contact you if clarification is necessary? _____ Yes _____ No _____
 Phone number

Signature of person completing assessment

Date

Thank you for your time!